01/14/2009 12:54

Image# 29990056366

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

			Office Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines	
Ш	American Council of Life Inst	urers Political Action Committee	
Ш			
ADI	DRESS (number and street)	101 Constitution Ave., NW	
*	, (	Suite 700	
	Check if different than previously reported. (ACC)	Washington	DC 20001 -
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY ▲	STATE A ZIPCODE A
	C00147066	3. IS THIS X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
	April 15	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
	Quarterly Report(C	(c) 12-Day Primary (12P)	General (12G) Runoff (12R)
	Quarterly Report(C	PRE-Election Report for the: Convention (12C)	Special (12G)
	October 15 Quarterly Report(C		Oposia: (120)
	X January 31 Quarterly Report(Y	E) Election on	in the State of
	July 31 Mid-Year Report(Non-electio	n (d) 30-Day	
	Year Only) (MY)	Post -Election General (30G) Report for the:	Runoff (30R) Special (30S)
	Termination Repor (TER)	Election on	in the State of
5.	Covering Period 1	1 2 5 2 0 0 8 through 1 2	31 2008
l ce	ertify that I have examined this	Report and to the best of my knowledge and belief it is true, correct	and complete.
Тур	oe or Print Name of Treasurer	Mr. Donald L. Walker	
Sigi	nature of Treasurer Electro	nically Filed by Mr. Donald L. Walker [	Date 01 14 2009
NO	TE : Submission of false, erro	neous, or incomplete information may subject the person signing th	is Report to the penalties of 2 U.S.C 437g.
	Office Use Only		FEC FORM 3X (Rev. 12/2004)
FE6	SAN026	<del></del>	<del></del>

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Council of Life Insurers Political Action Committee D D " D 25 2008 1.2 3 1 2008 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 24247.34 January 1 (b) Cash on Hand at 47707.42 Begining of Reporting Period ..... 15324.97 361526.95 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 63032.39 385774.29 6(a) and 6(c) for Column B) ..... 5000.00 327741.90 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 58032.39 58032.39 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10928.35	121367.32
(ii) Unitemized	396.62	43159.63
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	11324.97	164526.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4000.00	192000.00
(such as PACs)(d) Total Contributions (add Lines	4000:00	192000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15324.97	356526.95
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
Tary committees		
3. All Loans Received	0.00	0.00
I. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal candidates and Other	0.00	5000.00
Political Committees	0.00	3000.00
Other Federal Receipts     (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	15324.97	361526.95
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	15324.97	361526.95

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	5500.00	307891.90
4. Independent Expenditure  (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	-500.00	19850.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	327741.90
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	327741.90
Hom Line 31)	3000.00	327741.90

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	15324.97	356526.95
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15324.97	356526.95
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Council of Life Insurers F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora Mailing Address 866 Crestgate Circl	le		Date of Receipt    M
City Orlanda  FEC ID number of contributing federal political committee.	State FL	Zip Code 32819	Transaction ID: 27468081  Amount of Each Receipt this Period  20.00
Name of Employer Hannover Life Reassurance Company of A Receipt For:  Primary  Other (specify) ▼	<del> '</del>	hief Actuary Year-to-Date   440.00	11-26-08 Hannover Life Re Payroll
Full Name (Last, First, Middle Initial) Mr. John F. Barrett Mailing Address 9300 Shawnee Rur	n Road		Date of Receipt  1 2 1 6 2 0 0 8
City Cincinnati	State OH	Zip Code 45243-2826	Transaction ID: 27507643  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Western-Southern Financial	Occupation		1250.00
Group Receipt For: Primary General Other (specify) ▼		n of the Board, President & 0 Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson Mailing Address 101 Constitution Av	venue. NW		Date of Receipt
Suite 700 West City	State	Zip Code	1 2 1 8 2 0 0 8 Transaction ID: 27628069
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer American Council of Life Insurers Receipt For:	<del>'</del>	n ce President, State Relation Year-to-Date ▼	s
Primary General Other (specify) ▼	33 13340	2620.39	
SUBTOTAL of Receipts This Page (optional	al)		1295.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/32 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Po	Statements may not be sold or used by any persone name and address of any political committee to elitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker  Mailing Address 101 Constitution Ave Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify)	State Zip Code DC 20001-2133  C Occupation CFO Aggregate Year-to-Date  1075.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial)  Ms. Julie A. Spiezio  Mailing Address 101 Constitution Ave Suite 700  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary General  Other (specify)	nue NW  State Zip Code DC 20001-2133  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  545.00	Date of Receipt  1 2
Full Name (Last, First, Middle Initial) Ms. Shawn Hausman  Mailing Address  101 Constitution Ave Suite 700 West  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Insurers  Receipt For:  Primary  General  Other (specify)	nue, NW  State Zip Code DC 20001-2133  C  Occupation Sr. Vice President, Public Affairs  Aggregate Year-to-Date ▼  526.49	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		95.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one)    X
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
	Mailing Address 866 Crestgate Circle	Ctata	7in Oada	12 15 2008
	City Orlanda	State FL	Zip Code 32819	Transaction ID: 27651436
	FEC ID number of contributing federal political committee.	C	32019	Amount of Each Receipt this Period  20.00
	Name of Employer Hannover Life Reassurance Company of A	Occupation SVP & C	on Chief Actuary	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 460.00	12-15-08 Hannover Life Re Payroll
	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Boule	12 29 2008		
	City	State	Zip Code	Transaction ID: 27651437
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		148.00
	Name of Employer Baltimore Life Insurance Company	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1298.00	
	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora			Date of Receipt
	Mailing Address 866 Crestgate Circle			12 31 2008
	City	State	Zip Code	Transaction ID: 27651823
	Orlanda	<u>FL</u>	32819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hannover Life Reassurance Company of A		Chief Actuary	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	12-31-08 Hannover Life Re Payroll
Г	SUBTOTAL of Receipts This Page (optional) .	1		188.00

	LE A (FEC Form 3X ) RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one)    X
or for commerc	n copied from such Reports and cial purposes, other than using the COMMITTEE (In Full)  Council of Life Insurers Po	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		Jilicai Action	Committee	
Mr. Peter R.				Date of Receipt
	ress 800 North Magnolia Suite 1400	Ave.		12 31 2008
City Orlando		State FL	Zip Code 32803-3280	Transaction ID: 27766869  Amount of Each Receipt this Period
FEC ID nur	nber of contributing ical committee.	C	32003-3200	1450.00
Company o			t & Chief Executive Officer	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1450.00	
Full Name (	Last, First, Middle Initial) Sargent			Date of Receipt
Mailing Add	ress 101 Constitution Ave Suite 700	12 31 2008		
City		State	Zip Code	Transaction ID: PR1120489715780
	on  nber of contributing ical committee.	C	20001-2133	Amount of Each Receipt this Period  138.51
Name of En American C Insurers	nployer Council of Life	Occupation Senior C		
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1108.07	P/R Deduction (\$46.17 Sem- i-Monthly)
Full Name (	Last, First, Middle Initial)			Date of Receipt
Mailing Add	ress 101 Constitution Ave Suite 700	e, NW		12 31 2008
City		State	Zip Code	Transaction ID: PR1156427115780
	on  nber of contributing ical committee.	C	20001-2133	Amount of Each Receipt this Period  150.00
Name of En American C Insurers	nployer Council of Life	Occupation CFO	on	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 1225.00	P/R Deduction (\$50.00 Sem- i-Monthly)
SUBTOTAL of	of Receipts This Page (optional)	)		1738.51

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one)    X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	tical Action (	Committee	
<b>4</b> .	Full Name (Last, First, Middle Initial) Mr. John J Patterson Mailing Address 10075 Red Run Blvd			Date of Receipt
	Mailing Address 10075 Red Run Blvd	12 31 2008		
	City	State	Zip Code	Transaction ID: PR1231727515780
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Baltimore Life Insurance Company	Occupatio Senior V	n ice President, Operations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		260.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. W. Bryant Sadler			Date of Receipt
	Mailing Address 101 Constitution Ave, I Suite 700	12 31 7 9 9 9		
	City Washington	State DC	Zip Code 20001-2140	Transaction ID: PR1415470215780
	FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period  30.00
	Name of Employer American Council of Life Insurers	Occupatio Staff Acc		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Craig D. Simms			Date of Receipt
	Mailing Address 31 Quail Hollow Drive			12 31 2008
	City	State	Zip Code	Transaction ID: PR1503559915780
	Southington	CT	06489-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		36.00
	Name of Employer VantisLife Insurance Comp- any		ice President, Sales & Market	ti
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	P/R Deduction (\$12.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			96.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one)    X
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and address	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life insurers Pol	ilicai Action Com	imiliee	
	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone Mailing Address 32 Lincoln			Date of Receipt
	waiiiig Address 32 LITICOITI			12 31 2008
	City		Zip Code	Transaction ID: PR1503560115780
	Weatogue	СТ	06089-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.00
	Name of Employer VantisLife Insurance Comp- any	Occupation President & 0	Chief Executive Officer	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		851.50	P/R Deduction (\$31.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave,	12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City		Zip Code	Transaction ID: PR1550105915780
	Washington FEO ID and the street of a set the street	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		507.81
	Name of Employer American Council of Life	Occupation Executive Vid	oo Brasidant	
	Insurers Receipt For:	Aggregate Yea		
	Primary General Other (specify) ▼	, iggiogato i oa	4062.48	P/R Deduction (\$169.27 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		12 31 2008
	City		Zip Code	Transaction ID: PR1554864815780
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Council of Life Insurers	Occupation Counsel		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		750.81

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
Δ.	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	12 31 2008		
	City	State	Zip Code	Transaction ID: PR1565786715780
	Washington  FEC ID number of contributing federal political committee.	C	20001-2140	Amount of Each Receipt this Period  60.00
	Name of Employer American Council of Life Insurers Receipt For:		Federal Relations	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Sem- i-Monthly)
- В.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	· ·		Date of Receipt
	Mailing Address 101 Constitution Average Suite 700 West	12 31 2008		
	City Washington	State DC	Zip Code	Transaction ID: PR771358215780
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 421.74
	Name of Employer American Council of Life Insurers Receipt For:		on e Vice Pres & General Couns e Year-to-Date ▼	se
	Primary General Other (specify) ▼		3373.93	P/R Deduction (\$140.58 Semi-Monthly)
с. С.	Full Name (Last, First, Middle Initial) Mr. Carl B. Wilkerson	Date of Receipt		
	Mailing Address 101 Constitution Average Suite 700 West	nue, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771358315780
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  25.50
	Name of Employer American Council of Life Insurers	<del>- '</del>	unsel, Securities & Litigation	<u> </u>
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 204.00	P/R Deduction (\$8.50 Semi- Monthly)
	SUBTOTAL of Receipts This Page (optional)			507.24

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 101 Constitution Aver	NW NW		Date of Receipt
	Suite 700 West	ide, ivv		12 31 2008
	City	State	Zip Code	Transaction ID: PR771362415780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		146.88
	Name of Employer American Council of Life Insurers Receipt For: Primary General	_ '	sident, Conference Developn e Year-to-Date ▼	P/R Deduction (\$48.96 Sem-
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	1180.24	i-Monthly)
	Ms. Roberta B. Meyer	Date of Receipt		
	Mailing Address 101 Constitution Aver Suite 700 West	12 31 2008		
	City	State	Zip Code	Transaction ID: PR771362715780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life Insurers	Occupation Assoc. G	n General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West			12 31 2008
	City	State	Zip Code	Transaction ID: PR771362815780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Council of Life Insurers	Occupation Senior C	ounsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional) .	•		326.88

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	tical Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West	NW		12 31 4 2008
	City	State	Zip Code	Transaction ID: PR771365415780
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  90.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General		n sident, Media Relations Year-to-Date ▼	P/R Deduction (\$30.00 Sem-
_	Other (specify)  Full Name (Last, First, Middle Initial)	0 0		i-Monthly)
В.	Ms. Barbara A. Price  Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		Date of Receipt    M
	City	State	Zip Code	Transaction ID: PR771369015780
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  78.75
	Name of Employer American Council of Life Insurers		slative & Regulatory Informat	ti
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.01	P/R Deduction (\$26.25 Sem- i-Monthly)
с. С.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		12 31 2008
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771373215780  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001-2133	370.77
	Name of Employer American Council of Life Insurers		ce President, State Relations	s
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2991.16	P/R Deduction (\$123.59 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		539.52

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	7 American Council of Life insurers for	THOU THOUGHT		
	Full Name (Last, First, Middle Initial)  Ms. Shawn Hausman  Mailing Address 101 Constitution Aven	. NDA/		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, invv		12 31 2008
	City	State	Zip Code	Transaction ID: PR771373515780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		68.07
	Name of Employer American Council of Life Insurers	Occupatio Sr. Vice	n President, Public Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	594.56	P/R Deduction (\$22.69 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			12 31 2008
	City	State	Zip Code	Transaction ID: PR771374015780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		189.99
	Name of Employer American Council of Life Insurers	Occupatio Senior C		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1519.92	P/R Deduction (\$63.33 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			12 31 7 2008
	City Washington	State DC	Zip Code	Transaction ID: PR771374315780
	Washington  FFG ID number of contribution		20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C	ounsel	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional) .			303.06

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	itical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	nue, NW		12 31 7 2008
	City	State	Zip Code	Transaction ID: PR771376015780
	Washington FEC ID number of contributing	DC	20001-2133	Amount of Each Receipt this Period
	federal political committee.	C		90.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Research	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		720.00	P/R Deduction (\$30.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	nue, NW		12 31 7 2008
	City	State	Zip Code	Transaction ID: PR771376815780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		68.25
	Name of Employer American Council of Life Insurers	Occupatio Regional	n Vice President	]
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		546.00	P/R Deduction (\$22.75 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771377115780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer American Council of Life Insurers	Occupatio Regional	n Vice President, State Relatic	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2400.00	P/R Deduction (\$100.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)			458.25

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one)    X
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\angle$	Full Name (Last, First, Middle Initial)	- Cai Action		
۱.	Mr. Donald G. Preston Jr.  Mailing Address 101 Constitution Avenu Suite 700 West	ıe, NW		Date of Receipt  1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: PR771386415780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		242.19
	Name of Employer American Council of Life Insurers		g Director, Reinsurance	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1937.52	P/R Deduction (\$80.73 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ıe, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771395115780
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 624.99
	Name of Employer American Council of Life Insurers	Occupatio Executive	n e Vice President, Federal Re	la
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	P/R Deduction (\$208.33 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Boulev	ard		12
	City	State	Zip Code	Transaction ID: PR771402615780
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Baltimore Life Insurance Company	Occupatio Presiden	t & CEO	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1448.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			1017.18

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one)    X
, c	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Pol	itical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Ms. Olivia Gillis			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		12 31 7 2008
	City	State DC	Zip Code	Transaction ID: PR771408115780
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  30.00
	Name of Employer American Council of Life	Occupation Senior E		
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Sem- i-Monthly)
 3.	Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler	<u> </u>		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771412115780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.99
	Name of Employer American Council of Life	Occupation	n Secretary, Office of the Gen	e
	Insurers Receipt For:		e Year-to-Date ▼	<u> </u>
	Primary General Other (specify) ▼		343.92	P/R Deduction (\$14.33 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		12 31 2008
	City	State DC	Zip Code	Transaction ID: PR771419315780
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 140.58
	Name of Employer American Council of Life Insurers	Occupation Vice Pre	n sident, Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1124.65	P/R Deduction (\$46.86 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		213.57

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	tical Action (	Committee	
	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771419715780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		624.99
	Name of Employer American Council of Life Insurers	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		4999.92	P/R Deduction (\$208.33 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		12 31 7 2008
	City	State	Zip Code	Transaction ID: PR771419815780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		624.99
	Name of Employer American Council of Life	Occupatio	n e Vice President & COO	
	Insurers Receipt For:	1 =	e Year-to-Date	
	Primary General Other (specify) ▼	33 13	4999.92	P/R Deduction (\$208.33 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771419915780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Council of Life Insurers	Occupatio Senior C		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (\$50.00 C)
	Other (specify)		1200.00	P/R Deduction (\$50.00 Sem- i-Monthly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		1399.98

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one)    X   11a
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771420015780  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary General Other (specify) ▼		e Assistant e Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Sem-i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue, NW		12 31 YYYY 12 31 2008
	City	State	Zip Code	Transaction ID: PR771421015780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Council of Life	Occupation Senior C	on Counsel & Director, Southern	Re
	Insurers Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$50.00 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771421115780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	<del>- '</del>	General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		255.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one)    X
Any informal or for con	nation copied from such Reports and S nmercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) Con Council of Life Insurers Politican	tical Action	Committee	
	ame (Last, First, Middle Initial) atherine C. Smith			Date of Receipt
	g Address 101 Constitution Ave, Suite 700 West	NW		12 31 7 2008
City Wast	nington	State DC	Zip Code 20001-2133	Transaction ID: PR771422915780  Amount of Each Receipt this Period
FEC I	D number of contributing I political committee.	C	20001 2100	92.64
Insure		Occupation PAC Direction		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 741.11	P/R Deduction (\$30.88 Sem- i-Monthly)
Mr. Je	ame (Last, First, Middle Initial) fry J. Janoska	l		Date of Receipt
Mailin	g Address 101 Constitution Avenu Suite 700	ue, NW		12 31 7 2008
City	nington	State DC	Zip Code	Transaction ID: PR771423115780
FEC I	D number of contributing I political committee.	C	20001-2133	Amount of Each Receipt this Period  26.25
Name Ameri Insure	of Employer can Council of Life ers	Occupation Senior P	n olicy Analyst	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$8.75 Semi- Monthly)
	ame (Last, First, Middle Initial) sa Tate			Date of Receipt
Mailin	Address 101 Constitution Avenu Suite 700	ue, NW		1 2 3 1 2 0 0 8
City Wast	nington	State DC	Zip Code 20001-2133	Transaction ID: PR771423215780  Amount of Each Receipt this Period
FEC I	D number of contributing I political committee.	C	20001-2133	120.00
Name Ameri Insure	of Employer can Council of Life rs	Occupation Associat	n e General Counsel, Litigation	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Sem- i-Monthly)
SURTO	FAL of Receipts This Page (optional)	I .		238.89

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Poli	itical Action (	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Ms. Nina Aponte			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771425315780
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  30.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  General  Other (specify) ▼	<del>, '</del>	ntaff Accountant e Year-to-Date  240.00	P/R Deduction (\$10.00 Sem-i-Monthly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771428715780
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  175.62
	Name of Employer American Council of Life Insurers	Occupatio Senior Le	n egislative Director	
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1404.97	P/R Deduction (\$58.54 Sem- i-Monthly)
_ ).	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700 West			12 31 2008
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771428815780
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period  186.84
	Name of Employer American Council of Life Insurers	<del>, '</del>	ice President, Federal Relatio	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date  1494.71	P/R Deduction (\$62.28 Sem- i-Monthly)
ſ	SUBTOTAL of Receipts This Page (optional)	1		392.46

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (check only one)
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions unittee to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	tical Action Committee	
	Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700		12 31 2008
	City Washington	State Zip Code DC 20001-2133	Transaction ID: PR771428915780
	FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period  272.25
	Name of Employer American Council of Life Insurers Receipt For: Primary Other (specify)	Occupation Sr. Vice President and Corp S Aggregate Year-to-Date ▼	P/R Deduction (\$90.75 Sem-
_	Full Name (Last, First, Middle Initial) Miriam Krol		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW	12 / 31 / 2008
	City	State Zip Code	Transaction ID: PR771434015780
	Washington  FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period  30.00
	Name of Employer American Council of Life Insurers	Occupation Senior Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$10.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Kynondo Lewis		Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW	1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR771439615780
	Washington FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period 28.74
	Name of Employer American Council of Life Insurers	Occupation Senior Legal Editor	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$9.58 Semi- Monthly)
	UBTOTAL of Receipts This Page (optional) .	I	330.99

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life insurers FC	nilicai Action	Committee	
_	Full Name (Last, First, Middle Initial) Alane R. Dent			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	e, NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771444315780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		79.62
	Name of Employer American Council of Life Insurers	Occupation Vice Pre	n sident, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	636.97	P/R Deduction (\$26.54 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	enue NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771444915780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life	Occupation Controlle		
	Insurers Receipt For:		er e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	480.00	P/R Deduction (\$20.00 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	enue NW		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771445815780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		44.79
	Name of Employer American Council of Life Insurers		Research	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 358.31	P/R Deduction (\$14.93 Sem- i-Monthly)
Γ,	SUBTOTAL of Receipts This Page (optional)	1		184.41

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 32 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Poli	tical Action (	Committee	
	Full Name (Last, First, Middle Initial) Mrs. Courtney English			Date of Receipt
	Mailing Address 101 Consitution Avenu Suite 700	ie NW		12 31 2008
	City	State	Zip Code	Transaction ID: PR771449415780
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		51.87
	Name of Employer American Council of Life Insurers	Occupatio Director,	n Grassroots	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	414.97	P/R Deduction (\$17.29 Semi- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700	ue NW		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771449615780
	Washington 550 ID contribution	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Council of Life	Occupatio	n ice President	
	Insurers Receipt For:	1	e Year-to-Date	
	Primary General Other (specify) ▼	7.99.094.0	620.00	P/R Deduction (\$25.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. John K. Bruins			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700	ue NW		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771450115780
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.74
	Name of Employer American Council of Life Insurers	Occupatio Senior A	ctuary	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	B/D D
	Other (specify)		325.93	P/R Deduction (\$13.58 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)	1		167.61

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 32 (check only one)    X   11a
any information copied from such Reports and r for commercial purposes, other than using t	Statements may not he name and address	be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Po	olitical Action Com	nmittee	
Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel			Date of Receipt
Mailing Address 7 Daydilly Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR796887915780
Wilmington	DE	19808-1951	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer London Life Reinsurance Company	Occupation VP Finance,	& CFO	
Receipt For:	Aggregate Yea		7
Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mrs Monica M Hainer			Date of Receipt
Mailing Address 130 Wentworth Drive	)		12 31 2008
City	State	Zip Code	Transaction ID: PR798114415780
Lansdale	PA	19446-1671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		81.00
Name of Employer London Life Reinsurance Company	Occupation President & 0	CEO	7
Receipt For:	Aggregate Yea	ar-to-Date <b>V</b>	
Primary General Other (specify) ▼		540.00	P/R Deduction (\$27.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Maurice Perkins			Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	, NW		1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: PR805149115780
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		213.99
Name of Employer American Council of Life Insurers		nt, Federal Relations	
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	1711.92	P/R Deduction (\$71.33 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)			354.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 32 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman  Mailing Address 101 Constitution Avenue Suite 700  City	ue, NW State Zip Code	Date of Receipt    M M M
Washington  FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period  75.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	Occupation Counsel, Insurance Regulation Aggregate Year-to-Date   600.00	P/R Deduction (\$25.00 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	75.00
TOTAL This Period (last page this line number only)	<b>•</b>	10928.35

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 / 32								
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  11a 11b X 11c 12  13 14 15 16 17								
	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and ad										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Council of Life Insurers Political Action	Committee									
	Full Name (Last, First, Middle Initial) Aviva USA PAC		Date of Receipt								
	Mailing Address 699 Walnut Street Suite 2000		12 09 2008								
	City State	Zip Code	Transaction ID: 27485900								
	Des Moines IA	50309	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	0180901	4000.00								
	Name of Employer Occupation	on	7								
	Receipt For:  Primary  General  Other (specify)	e Year-to-Date ▼									

SUBTOTAL of Receipts This Page (optional)	•	4000.00
TOTAL This Period (last page this line number only)	<u> </u>	4000.00

,-	CHEDULE B (FEC Form 3X)	Use separate	e schedule(s)			UMBER	:	P	AGE 29	/ 32
ıΤ	EMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the (	(check 211 27	Ć		X 23 28b	24 28c	25 29	П
	y Information copied from such Reports and Stater for commercial purposes, other than using the name									
\	NAME OF COMMITTEE (In Full)		n arry pontiour con		3 301101	t contino		0111 30011		
$\rangle$	American Council of Life Insurers Politica	Action Comm	nittee							
	Full Name (Last, First, Middle Initial) Committee To Elect Artur Davis To Congr	ess				Date of	Disburs			
	Mailing Address Post Office Box 1845					1 <sup>M</sup> 2 M	/ D	2 /	žoŏ	8 <sup>Y</sup>
	City Birmingham		p Code 5201			Amount	t of Each	Disburse	ement this	
	Purpose of Disbursement			011					1000.	00
	Candidate Name Rep. Artur Davis			Category/ Type						
	-	ement For: Primary Other (specify	2010 General							
	State: AL District: 07									
	Full Name (Last, First, Middle Initial) Friends of Chris Dodd				Date of	Disburs		1901		
	Mailing Address 227 Massachusetts Ave Suite 101	NE				1 <sup>M</sup> 2 M	/ D	1 2 /	žoŏ	8 <sup>Y</sup>
	City Washington		p Code 0002			Amount	t of Each	Disburse	ement this	
	Purpose of Disbursement			011					2500.	00
	Candidate Name Christopher Dodd			Category/ Type						
		ement For: Primary Other (specify	2010 General							
	State: CT District:									
	Full Name (Last, First, Middle Initial) ERICPAC					Date of	Disburs			
	Mailing Address 209 Pennsylvania Ave, 3	 }E				1 2 M	/ D	2 /	žoŏ	8 Y
						_		Diehure	ement this	Perio
	City Washington		p Code 0003			Amount	t of Each	Disburs		
				011	1	Amount	t of Each	Disburs	500.	00
	Washington		0003	011 Category/ Type	]	Amount	t of Each	Disburs		00
	Washington Purpose of Disbursement  Candidate Name  Office Sought: House Senate President		0003	Category/	]	Amount	t of Each	Disburst		00
	Washington Purpose of Disbursement  Candidate Name  Office Sought: House Disburs Senate	ement For:	0003	Category/	]	Amount	t of Each			00

CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)				NE NUMBER: PAGE 30 /		30 /	32					
EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	22 28	ı		23 28l	, [	24 28	, F	25 29	F
y Information copied from such Reports and Stater for commercial purposes, other than using the nam														S
NAME OF COMMITTEE (In Full)	ic and addre	33 of any political	COII		CC 10 3	Jilott GC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Duti	0113	1101	11 3001	1 00111	milloc	
American Council of Life Insurers Political	Action Co	ommittee												
Full Name (Last, First, Middle Initial)	ata										2750	190	3	
Stephanie Herseth Sandlin For South Dak	ola										nent	Υ	YY	Υ
Mailing Address PO Box 2009						1	2		L	<sup>D</sup> 1 :	2		ž 0 ŏ 8	3
City Sioux Falls	State SD	Zip Code 57101				An	nour	nt of	Ea	ch [	Disburs	seme	nt this I	Perio
Purpose of Disbursement			Г	011				_				1	0.000	0
Candidate Name Rep. Stephanie Herseth Sandlin			Ca	ateg Type	ory/									
	ement For:	2010		. , ,	-	1								
Senate X	Primary	General												
President State: SD District: 01	Other (spe	ecify) 🔻												
Full Name (Last, First, Middle Initial)						Tra	nsa	actio	on l	ID:	2750	190	4	
Pennsylvanians for Kanjorski				Da	te o	f Di	sbu	rser	nent					
Mailing Address 126 South Franklin Street			1	2	И /		<sup>D</sup> 1 :	2 /	Y	ž 0 č 8	3 Y			
City Wilkes-Barre	State PA	Zip Code 18701				An	nour	nt of	Ea	ch [	Disburs	seme	nt this I	Perio
Purpose of Disbursement	170	10701	-			1						1	0.00	0
				011										
Candidate Name Paul Kanjorski				ateg Type	•									
	ement For:	2010		тур	<del>-</del>	1								
	Primary	General												
President State: PA District: 11	Other (spe	ecify) 🔻												
Full Name (Last, First, Middle Initial)						Tra	ns	actio	on I	ID:	2750	190	5	
Royce Campaign Committee									sbu	rser	nent			
Mailing Address P.O. Box 2525						1	2	И /		1:	D /	Y	ž 0 č 8	3 <sup>Y</sup>
City Orange	State CA	Zip Code 92859				Am	nour	nt of	Ea	ch [	Disburs	seme	nt this I	Perio
Purpose of Disbursement	<u> </u>	12000		v				,				1	500.0	0
·				Q11										
Candidate Name Ed Royce				ateg Type										
· —	ement For:  Primary  Other (spe	2010 General												
State: CA District: 40	_ Other (spe	5011 <b>y</b> ) ▼												
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<b>UBTOTAL</b> of Disbursements This Page (optional)					_							3!	500.0	U)

В.

President

District: 01

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political A	Action Committee		
Full Name (Last, First, Middle Initial)  Menendez For Senate  Mailing Address P.O. Box 848			Transaction ID: 27658939 Date of Disbursement
	State Zip Code NJ 07087		Amount of Each Disbursement this Period
Purpose of Disbursement Check Not Received by Campaign Candidate Name		011 Category/	-1000.00
Mr. Robert Menendez  Office Sought: House Disburse		Type	Check Not Received by Campaign
Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle			Transaction ID: 27658941 Date of Disbursement  M 2 M / D 3 D / Y Y Y O O 8
Glastonbury	State Zip Code CT 06033		Amount of Each Disbursement this Period
Purpose of Disbursement Check not received by campaign Candidate Name John Larson	C	011 Category/ Type	-1000.00
Office Sought: X House Disburse Senate	ment For: 2008 Primary X General	-	Check not received by cam- paign

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	-2000.00
TOTAL This Period (last page this line number only)	•	5500.00

Other (specify)

State: CT

ΙΤ	EMIZED DISBURSEMENTS  y Information copied from such Reports and	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	for commercial purposes, other than using the				
$\rangle$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action Co	ommittee		
	Full Name (Last, First, Middle Initial) Friends of Senator Jane Nelson  Mailing Address P.O. Box 608				Transaction ID: 27658942 Date of Disbursement  M M M M M M M M M M M M M M M M M M M
	City Grapevine Purpose of Disbursement Check not received by campaign Candidate Name	State TX	Zip Code 76099	011 Category/	Amount of Each Disbursement this Period -500.00
	Senator Jane Nelson  Office Sought:  X Senate President  State: TX  District:	sbursement For: Primary Other (spe	2008  X General ecify)	Type	Check not received by cam- paign

SUBTOTAL of Disbursements This Page (optional)	•	-500.00
TOTAL This Period (last page this line number only)	<b></b>	-500.00